

Subcontractor Agency Identification Form

(Required)

Personal information you provide may be used for secondary purposes [(Privacy Law, s. 15.04(1)(m))].

Please print or type in all spaces except signature.

Subcontract Agency

1. Agency Name	2. Contract Period																					
3. Agency Address (both street and post office box, city, state, zip code)	3. FEIN																					
4. Agency Type (check all that apply) <table border="0"><tr><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> Private</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> County</td><td><input type="checkbox"/> For Profit</td><td><input type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Tribe</td><td><input type="checkbox"/> Not-for-Profit</td><td><input type="checkbox"/> Limited</td></tr><tr><td></td><td><input type="checkbox"/> Corporation</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Individual</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Sole Proprietorship</td><td></td></tr><tr><td><input type="checkbox"/> Consortium</td><td colspan="2"><input type="checkbox"/> Other (Specify) _____</td></tr></table>		<input type="checkbox"/> Government	<input type="checkbox"/> Private	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<input type="checkbox"/> For Profit	<input type="checkbox"/> General	<input type="checkbox"/> Tribe	<input type="checkbox"/> Not-for-Profit	<input type="checkbox"/> Limited		<input type="checkbox"/> Corporation			<input type="checkbox"/> Individual			<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Consortium	<input type="checkbox"/> Other (Specify) _____	
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	<input type="checkbox"/> Corporation																					
	<input type="checkbox"/> Individual																					
	<input type="checkbox"/> Sole Proprietorship																					
<input type="checkbox"/> Consortium	<input type="checkbox"/> Other (Specify) _____																					
5. Consortium, Partner Agency Name(s) (if applicable)																						
6. Agency Fiscal Year (check one) <input type="checkbox"/> Calendar <input type="checkbox"/> Other _____ through _____																						

Subcontractor Agency Personnel

Director Name	Title	
Mailing Address		
E-mail Address	Telephone Number () -	Fax Number () -
Person Responsible for Day-to-Day Operations of Program		
Title		
Mailing Address		
E-mail Address	Telephone Number () -	Fax Number () -
Chief Financial Officer		
Title		
Mailing Address		
E-mail Address	Telephone Number () -	Fax Number () -

Person Responsible for Fiscal Day to Day Operations (if other than Chief Financial Officer)	Title	
Mailing Address		
E-mail Address	Telephone Number () -	Fax Number () -

Person to Whom Contracts and Related Documents are to be Sent	Title	
Mailing Address		
E-mail Address	Telephone Number () -	Fax Number () -

Person Responsible for Equal Opportunity/Civil Rights Compliance (including Affirmative Action and Limited English Proficiency)	Title	
Mailing Address		
E-mail Address	Telephone Number () -	Fax Number () -

The Subcontract agency must submit any revisions to the information on this form within ten (10) business days to the department's W-2 contract manager.

Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature